

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

Applicant(s)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
3		/					53	/					
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49		/					99						
50		/					100						
TOTAL IND.			↓		↓		TOTAL IND.			↓			
TOTAL DEP.			←		←		TOTAL DEP.	3	↓	↓		↓	
TOTAL CLASSES							TOTAL CLASSES	58	←	←		←	
								61					

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